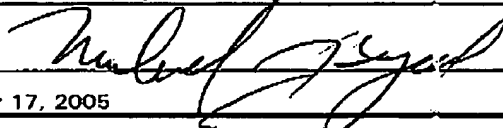



PTO/SB/21 (12-97)

Approved for use through 9/30/00. OMB 0951-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10:800,576
	Filing Date	March 15, 2004
	First Named Inventor	Hans HÖFLER
	Group Art Unit	3632
	Examiner Name	Dirk WRIGHT Fax: (571) 273-8300
Total No. of Pages in this Submission: 7	Attorney Docket Number	ZAHFRI P606US
ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SF/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
REMARKS		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C. <div style="text-align: right;">Reg. No. 32,018 CUSTOMER NO. 020210</div>	
Signature		
Date	October 17, 2005	
CERTIFICATE OF TRANSMISSION		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO on October 17, 2005		
Type or printed name	Michael J. Bujold	
Signature	 <div style="text-align: right;">Date: October 17, 2005</div>	

RECEIVED
CENTRAL FAX CENTER

002/007

OCT 17 2005

10/17/05

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: : Hans HÖFLER
Serial no. : 10/800,576
Filed : March 15, 2004
For : METHOD FOR THE CONTROL OF A DRIVE
TRAIN
Group Art Unit : 3682
Examiner : DIRK WRIGHT
Docket : ZAHFRI P606US

The Commissioner for Patents
U.S. Patent & Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

Dear Sir:

[XXX] NO FEES ARE PAYABLE WITH RESPECT TO THIS RESPONSE.
--

In response to the official action mailed July 20, 2005, please enter the following before reconsideration of this application.

In the Claims:

Please cancel claim 7, without prejudice or disclaimer of the subject matter therein, in favor of new claims 13-17 and amend claims 8-12 as follows in which the claim additions are shown by underlining and/or the claim deletions are shown by strikeout or brackets.

Please enter the new and amended claims into the record of this case.